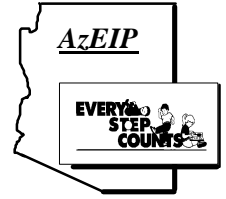


ARIZONA EARLY INTERVENTION PROGRAM
FOR INFANTS AND TODDLERS

Type in Program Name



Withdrawal from Early Intervention

[Date]

Dear [Parent or Responsible Person],

On [date], you requested by [select one-Individualized Family Service Plan - Family Cost Participation Addendum, letter, email, telephone call] that your child's early intervention services be discontinued through the Arizona Early Intervention Program (AzEIP). As a result, your child's early intervention services have ended.

If you would like a copy of your child's records, please send a written request to the address listed below. You will receive your records within 30 days of the date your written request is received.

If, in the future, you reconsider this decision you may re-refer your child to AzEIP. If you have concerns about your child's development after your child is 2 years, 10 ½ months, please contact your local school district.

Sincerely,

[Name of AzEIP SC]

[SC phone number]

[Program Name]
[Program Address]
[Telephone and Fax]